



AmeriCorps Restoring Youth and Communities

Community Organization Information Sheet

Form # 4 Form to be completed by AmeriCorps Members for each new Organization engaged in the AmeriCorps Program, or for change of information.

Today's Date - _____
(Print)

AmeriCorps Member Name - _____
(Print)

Organization Name - _____
(Print)

Organization Type - _____
(Public, private, non-profit) (Print)

Description of the Commitment to the AmeriCorps Program agreed to by the Organization

Organization Contact Name:

Last Name - _____
(Print)

First Name - _____
(Print)

Cell Phone Number - _____
(Print)

Office Phone Number - _____
(Print)

E-mail Address - _____
(Print)

Organization Address:

Building Name- _____
(Print)

Number - _____
(Print)

Street - _____
(Print)

City - _____
(Print)

County - _____
(Print)

State - _____
(Print)

ZIP - _____
(Print)